



## Official Application: Prevention and Response to Suicide Bombing Incidents

### Personal Information

Last Name: \_\_\_\_\_ MI ☐

First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email Address: \_\_\_\_\_

Please make sure your email address is filled in correctly and is easily readable

### Agency Information

Agency Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work City: \_\_\_\_\_ Work State: \_\_\_\_\_ Work Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

### Citizenship Information

**\* This training is designed for U.S. Citizens only** I certify that I am a citizen of \_\_\_\_\_

### Preferred Dates of Attendance

First Preferred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Preferred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Third Preferred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy mm dd yyyy mm dd yyyy

### Approvals and Signatures

\_\_\_\_\_  
State Point of Contact Name

\_\_\_\_\_  
State Point of Contact Signature

\_\_\_\_\_  
Department Head Name

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

# Application Instruction Sheet

The following instructions are provided to assist you in completing the application form. All of the information required on the form is required by DHS and is subject to our privacy policy. To view our privacy policy please refer to <http://www.emrtc.nmt.edu/privacy.php>

**\* Note: Your DHS appointed state point of contact must sign the application or email approval for attendance for this training**

## Personal Information:

1. Last Name, First Name, MI – Self Explanatory
2. Home Address – Your complete street address along with your city, state and zip code
3. Home phone number – Example 555-555-5555
4. Date of Birth – Example: 04/29/1970
5. Email Address – Please provide a clearly legible email address. This is the most effective means of communication.

## Agency Information:

1. Name of Department/Agency – Official name of the department/agency you are employed by
2. Position/Title – Your official position or title
3. Department Address – Your complete department address included street, city, state and zip code
4. Office phone and fax – Ensure that good office phone and fax numbers are provided including any extensions

## Citizenship Information:

This training is designed for U.S. citizens only

## Preferred Dates of Attendance:

Provide three dates in order of preference. You may find a schedule of available classes at the following location  
<http://www.emrtc.nmt.edu/training/trainingschedule.php>

## Authorizations and Signatures:

1. State point of contact – Your DHS state point of contact must approve this training. To find out who your SPOC is please go to <http://www.emrtc.nmt.edu/training/statepoc.php>
2. Department Head – Your department head must approve this training.
3. Applicant – Your signature certifies that you are a U.S. citizen and that you are eligible to attend this training